## L23000443581

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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

	REMODELING LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subi	nitted for tiling.	OZ3 NOV Z 1
Please return all correspo	ondence concerning this matter	to the following:	KT OF S CORPOR CORPOR TO
	YELINDÖ FERNANDEZ	HERNANDEZ	
		Name of Person	
	YELINDO REMODELINO	G LLC	
		Firm/Company	
	7702 NEW YORK DR		
		Address	
	TAMPA FL 33619		
		City/State and Zip Code	
		EZYELINDO@GMAIL.COM	
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
YELINDO FERNANDI	EZ HERNANDEZ	at ()	
Name of Person		Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
国 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$69.00 Filing Fee.  Certificate of Status &  Certified Copy  (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DE FARTMENT OF STATE DIVISION OF CORPORATION TALLAMASSEE, FLORIDA	2023 NOV 27 AH 11; 00	
OF STALL RPOKALION	<del></del>	C

YELINDO REMODELING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on <u>09/25/2</u>	023	and assigned
Florida document number <u>L23000443581</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	ation "LLC" or the abi	reviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	·		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, <u>enter the nam</u>	of the new registered
agent and of the new regions of the second			
Name of New Registered Agent:		i e	<u></u>
New Registered Office Address:			
	Enter Florida si	treet address	
		Florida	
	•		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Assistant	Samuel D. Caballero Garcia	1620 SW 2ND ST APT 2	
		MIAMI, FL 33135	□Remove
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Note: If the date inst	ed, the date must be spec crted in this block doc	of filing:  itite and caunot be prior to see not meet the applied ent of State's records.	to date of filing or more able statutory filing re	(option: than 90 days after fil equirements, this d	ng.) Purs	uant to 60 tot be lis	)5.0207 (3 sted as th
ne record specifies a don't is tiled.	layed effective date.	but not an effective tir	ne, at 12:01 a.m. on t	the earlier of: (b)	The 90t	h day aft	er the
Dated NOVEMBER	17	2023					
		ire of purember or autho					

Filing Fee: \$25.00